

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/538,475</i>	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51	
2	/		/		/		52	
3	/		/		/		53	
4	/		/		/		54	
5	/		/		/		55	
6	/		/		/		56	
7	/		/		/		57	
8	/		/		/		58	
9	/		/		/		59	
10	/		/		/		60	
11	/		/		/		61	
12	/		/		/		62	
13	/		/		/		63	
14	/		/		/		64	
15	/		/		/		65	
16	/		/		/		66	
17	/		/		/		67	
18	/		/		/		68	
19	/		/		/		69	
20	/		/		/		70	
21	/		/		/		71	
22	/		/		/		72	
23					/		73	
24					/		74	
25					/		75	
26					/		76	
27					/		77	
28					/		78	
29					/		79	
30					/		80	
31					/		81	
32					/		82	
33					/		83	
34					/		84	
35					/		85	
36					/		86	
37					/		87	
38					/		88	
39					/		89	
40					/		90	
41					/		91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3		4		5		TOTAL IND.	
TOTAL DEP.	19	↔	18	↔	24	↔	TOTAL DEP.	
TOTAL CLAIMS	22		23		29		TOTAL CLAIMS	